PTO/SB/22 (08-03)
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PETITION F	OP EXTE	NSION OF	TIME UN	<b>DED 37</b>	CED 1	136/21
PEHHONF	OK EXIC	INDION OF	. I HAIE CHA	DER 31	CFKI	. 130(a)

Docket Number (Optional)

				252312006000				
	In re Application of	Matthew D	). LINNIK et	al.				
,	Application Number 10/81	4,555	Fil	ed March 30, 2004				
	For METHODS OF TREATING AND MONITORING SYSTEMIC LUPUS ERYTHEMATOSUS IN INDIVIDUALS							
	Art Unit	1645	Examiner	Not Yet Assigned				
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.								
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):								
X One month (37 CFR 1.17	(a)(1))			\$ 110.00				
Two months (37 CFR 1.1)	7(a)(2))			\$				
Three months (37 CFR 1.	17(a)(3))			\$				
Four months (37 CFR 1.1	7(a)(4))			\$				
Five months (37 CFR 1.1)	7(a)(5))			\$				
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is								
reduced by one-half, and the resulting fee is: \$ 55.00								
A check in the amount of the fe	A check in the amount of the fee is enclosed.							
Payment by credit card. Form PTO-2038 is attached.								
The Director has already been authorized to charge fees in this application to a Deposit Account.								
The Director is hereby authorized to charge any fees which may be required, or credit any								
overpayment, to Deposit Account Number 03-1952 .								
I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.								
I am the applicant/inventor.								
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
x attorney or agent of record. Registration Number 52,395								
attorney or agent under 37 CFR 1.34(a).								
Registration numb	er if acting under 37 CFF	l 1.34(a)		<del></del>				
August 25, 2004			w	2				
Date Signature								
(650) 813-5922 Jie Zhou Telephone Number Typed or printed name								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below								
X Total of 1	forms are submitted.							

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